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CONFIRMATION NO. 7031

<b>SERIAL NUMBER</b> 10/706,166	<b>FILING OR 371(c) DATE</b> 11/12/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> LFS-5001USA-CIP
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/426,683 11/15/2002 *Kmd*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *Kmd*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 02/09/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Katharine Dorne Kmd</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 46	<b>INDEPENDENT CLAIMS</b> 8
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**ADDRESS**  
27777

**TITLE**  
Cap for a dermal tissue lancing device

<b>FILING FEE RECEIVED</b> 1798	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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